

EIPRP Meeting Minutes

Date of Meeting: 3/22/07 (1:30 p.m. – 3:00 p.m)

Type of Meeting: Standing Committee

Facilitator: Tom Simpatico, MD

Note Taker: Adriana Cheever

Attendees: Tom Simpatico, MD, Medical Director; Adriana Cheever, Administrative Secretary; Jane Winterling, Vermont Psychiatric Survivors, (by phone); Francine Levine, RN, Nursing Coordinator BR; Ann Jerman, Nursing Administration; Steve Barden; Nursing Coordinator, BII; Kate Plummer, RN, Nursing Coordinator, BI; Emily Levy, Clinical Assistant for VSH; Terry Rowe, Executive Director; Jaskanwar Batra, Psychiatrist; Mike Sabourin; Scott Perry, QA; and Goldie Watson, Education and Training Coordinator.

Agenda Topics:

Discussed: Emily Levy, Clinical Assistant, reviewed data that has been accumulated of every patient for the month of November 2006 for seclusion and restraints and involuntary medications and how they correlate. An outside consultant was hired that had no knowledge of patient's history or had not seen charts or medical records to give an unbiased opinion and to review every patient's chart and individual medical records and the percentage of medication compliance correlated with seclusion and restraints. It was found that 40% of the patient's who were medication compliant did not receive involuntary emergency procedures and 70% of patient's who were non-compliant with medication received involuntary procedures. There was a 30% difference. These results were without taking out the outliers. Emily stated that after the reviewing the findings of the collected data, that it appeared that there was a correlation between people who are medication adherent and involuntary procedures and people who are medication non-compliant and involuntary procedures. Emily stated this was only a preliminary report and further research will be done that will include other months.

Feedback:

Dr. Simpatico stated that future research is needed to see about the patient's who are receiving involuntary meds and whether the receiving involuntary medications are having an affect on their psychosis.

Emily Levy recommended looking at several more months of seclusion/restraint with and without medication compliance and involuntary procedures. Also would like to look at data such as psychiatric diagnosis, when seclusion and restraint are used and how that is effective compared to involuntary procedures.

Jane Winterling felt that there should be an area that is separate from the other patients and where difficult patient could go when they need to gain control of themselves without upsetting the other clients. She suggested these could be “comfort” rooms. That she would like to see this kept in mind when they plan for the new facility.

Emily Levy felt that the more space patients had to be able to separate themselves from others that there would less seclusions and restraints.

Tom Simpatico would like to look at the bigger picture of things and then go from there.

Jane Winterling wanted to make sure to avoid forcing medications because of these findings, that forcing medications could be traumatizing to the patient.

Mike Sabourin would like to see research done on the difference in the kinds of medications and side effects and how effective they are.

Tom Simpatico stated the most studies show that there is no difference of effectiveness, and that there are some medications however that have more severe side effects, such as a drop in blood pressure.

Mike Sabourin asked if there was any communication between the patients and doctors or staff about side effects, whether the patient even wanted to take medications, and the titrating of medications.

Francine Levine stated there was communication between the patient, doctor, and RN, about side effects and their medications in general.

Mike Sabourin concerned that medications should be started at a lower level for managing side effects.

Tom Simpatico We do look at risk assessments for side effects.

Steve Barden stated there was often negotiating that happened between the doctor's and the patients when trying to find a workable level of medications.

Kate Plummer Agreed with Steve that this does happen and also added that there is often times even negotiation about which kind of medication will be taken.

Tom Simpatico would like further research on the data collected and is looking into new software to purchase that would make gathering this information easier and faster and more accurate. He also stated that the data for November clearly shows decreasing involuntary emergency procedures with medication compliance.

Conclusion: Further research will be conducted.

Action: New software will purchased to

Person Responsible: Dr. Simpatico

Due Date:

Discussed: Second Spring.

Mike Sabourin asked about Second Spring and the transitioning of our clients from Brooks Rehab to Second Spring and the possibility of using the Brooks Rehab unit when vacant for patients who are in need of gaining self control.

Terry Rowe felt this space would not be effective as it is not as secure as possibly Brooks I.

Tom Simpatico stated that Brooks Rehab would be used to transition clients from other wards to Brooks Rehab getting them ready for Second Spring involving them in more activities.

Conclusion:

Action:

Person Responsible:

Due Date:

Discussed: Psyche Consult/Review Data of Seclusion Restraint

Tom Simpatico stated we are able to pull more data from the psyche consult in helping to get trends of each unit and even each shift. Down the road we will get a new software program that will help gather information with even more detail.

We went over data regarding last month's seclusion and restraint and through the year 2006.

It showed data that included Emergency involuntary medications by shift and emergency involuntary medications by unit. It showed data of restraints of non-ambulatory restraint by unit and non-ambulatory restraint episodes by shift. These are all automatically gathered now.

Terry Rowe asked what were the number of patients receiving medications and seclusions by unit and was one ward using more medications than seclusion and restraint.

Tom Simpatico wanted to look at the details more carefully for this data.

Terry Rowe thought it would to get information on the gender of the patient also.

Francine Levine suggested diagnosis could also be factored in.

Scott Perry suggested ages could be also factored in. Scott stated most information is counted on per 1000 patient hours.

We also looked at data from the month of February. Especially looking at the outliers.

Conclusion:

Action:

Person Responsible:

Due Date:

Discussed: We looked at data from February while looking outlier who was in belt and wristlets.

Kate Plummer-Talked about a patient who had injured staff, was unpredictable, was spread out over a period of time, not clear how consistently he was taking medications.

Dr. Batra-The patient had seven major assaults. The patient had stated when he left that the belt and wristlets were a reminder of what could happen without medications. One of the fears that had been dealt with was that keeping him in belt and wristlets might antagonize him to be assaultive after getting out in belt and wristlets but that did not happen and it actually prevented these assaults.

Kate Plummer-The team tried different methods of redirection but they did not work. Belt and wristlets were a last option. There was another case with a patient with similar circumstances who was also extremely assaultive. The use of belt and wristlets on both these case were effective.

Scott Perry- Stated that belt and wristlets were used in other facilities and were also effective.

Tom S-Stated that when properly applied with the balance of freedom and safety belt and wristlets can be effective.

Terry R- Would like to see data on belt and wristlets versus medications.

Dr. Batra-The team could not convince patient to take medications consistently, and not sure if he was taking it. He would not take the medications that would help him.

Kate Plummer- Patient also gave no warning signs when he would be assaultive.

Tom S- Stated that our first choice would not be to put people in seclusion or restraints. Medication is a better alternative. Under the circumstances in this case belt and wristlets was the best possible solution at that time.

Conclusion:

Action:

Person Responsible:

Due Date:

Discussed:

Conclusion:

Action:

Person Responsible:

Due Date: